

intersex and the social construction of sex

by georgiann davis and sharon preves

"What is it?" It's the first question most new parents field, and it's safe to assume no one wonders if the child is human. Instead, the question usually refers to the child's sex, and it reveals the fundamental social importance of anatomical sex. Its bluntness also indicates that, without a neatly assigned sex, a child might not fully be a person. Granted a physical sex label—female or male—the newborn is immediately and forever "gendered" through social interactions. Sociocultural scholars have explored the social construction of gender as a performative, fluid, and non-universal category for decades, but the notion that physical sex is also socially constructed has acquired far less exploration.

Some babies are born intersex. Their bodies aren't clearly female or male. While there is no reliable estimate of intersex people in the population, a commonly reported statistic is that intersex genital variation occurs about once in every 1,500 to 2,000 American births.

While we tend to rely on genital appearance at birth (more directly, the presence or absence of a phallus) as the basis of our sex assignment, what constitutes the essential sign of sex has varied over the years. Genital appearance, sex hormones, sex chromosomes, and the brain have each been used to sex categorize bodies at different points in time. Sex hasn't always been a simple binary divide, either: pathologist Theodore Klebs, for instance, first classified anatomical sex into five categories in 1876, using the presence of gonads (ovaries, testes, or a mix of ovarian and testicular tissue) as his guide, and biologist and gender scholar Anne Fausto-Sterling further described these divisions in her influential 1993 piece, "The Five Sexes."

More recently, hormonal levels have been used to categorize sex, as is the case in sex testing conducted by the International Olympic Committee (IOC) and the International Association of Athletics Federations (IAAF). In 2009, South African runner Caster Semenya won the 800-meter race at the Berlin World Championships in Athletics. The media and several of Semenya's competitors seized on her appearance and performance to pose stigmatizing questions about whether she was eligible to compete as a female. Semenya was temporarily banned from competition. In a purported effort to prevent another such fiasco, in 2012, the IOC and IAAF issued sex-testing policies centered on hyperandrogenism (a medical term describing, in females, higher than "normal" levels of androgen, including testosterone, and often associated with intersex traits). The groups claimed

the guidelines were not about sex testing women athletes, but about ensuring fairness in elite athletic competitions. After years of scrutiny, Semenya (who has never self-identified as hyperandrogenic or intersex) was reinstated. She won silver at the 2012 Olympic Games. In the summer of 2015, the sex-testing policies were suspended after Dutee Chand, an Indian 100-meter sprinter, successfully appealed to the Court of Arbitration for Sport. Chand didn't advance to the semi-finals in the 2016 Olympic Games, but Semenya won gold in the 800-meter race. Immediately following her win, the IAAF made a statement that they would consider the possibility of reinstating hyperandrogenism testing.

That one's eligibility to compete as a female athlete is debatable and that the physical criteria used to judge femaleness have changed over time are evidence that the categorization of sex is a social, variable process.

Sex is far more diverse than we acknowledge when we ask whether a baby is male or female. It cannot be neatly defined by our genitalia, hormone levels, reproductive structures, or brain structure. And as people with intersex traits make exceptionally clear, even chromosomes are a poor guide. People with complete androgen insensitivity syndrome, for instance, have XY chromosomes (typically associated with males) but an outward female appearance, including breasts and a vagina and minimal, if any, ability to develop male secondary sex characteristics, such as prominent facial hair.

Perhaps, then, we ought to ask parents "Who is it?" rather than "What is it?" when we meet a child. That way, the focus might rest more holistically on the newborn as a human being, rather than the predetermined product of a historically variable and socially constructed sex and gender system. Maybe then we can get to the root of why, as a society, we are so quick to categorize babies as "females" or "males" ascribed with "feminine" or "masculine" personalities. Doing so would require wrestling with, and perhaps unraveling, our widely held beliefs that both sex and gender are binary, neatly correlated phenomena. Simply changing the focus of the conversation seems a good place to start acknowledging the diversity of sex development.

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